

HIV/AIDS Rapid Assessment Guide

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Introduction to Tools

This guide consists of five prevention tools:

- **Mapping Guide:** intended to provide a geographic overview of a projected area;
- **Site Inventory:** detailed enumeration of population, employment, infrastructure, transport routes and health and social services;
- **Ethnographic Guide:** designed to generate a rapid “snapshot” of the sexual and social culture of a project area;
- **Focus Group Guide:** designed to provide further in-depth qualitative insights;
- **Rapid Behavioral Surveys:** designed to provide rapid, key data on sexual behavior, condom use and sexually transmitted infections (STIs).

Together, the five data sources provide a special, quantitative and qualitative overview of a project area.

Mapping Guide

Introduction

In this guide, we consider why we map, where we get maps, what we map and how we map.

Why do we map?

We map to learn about:

- Boundaries of an area;
- The size, approximate population and dispersion of an area;
- Sub-divisions in an area;
- Major target groups, such as sex workers, truckers, migrant workers, traders and students;
- Major target areas, such as sex work neighborhoods, truck stops, military bases and schools;
- The possible size of different target groups and areas;
- Major stable and mobile target groups and the relative size of each;
- Potential interactions in an area, for example, between stable and mobile populations, military bases and sex work neighborhoods or truck stops and schools;
- Commerce, particularly commerce related to HIV transmission, including major sources of employment, nightclubs, bars and other liquor outlets;
- Health, education, social and nongovernmental organization (NGO) services in an area;
- Security and crime in an area;
- Provisional zones or discrete sub-divisions in an area;
- The visible social and sexual culture of an area;

- Potential interventions;
- The approximate resources required for interventions.

Where do we get maps?

We may be able to get maps from the following sources:

- The ministry/department of lands;
- The surveyor's office;
- Local government authority (LGA) town planning, housing or engineering departments;
- The census bureau, whose maps of enumeration areas include footpaths and obstacles and are thus very useful;
- Universities, archives or public libraries;
- Development agencies working in an area, especially water and urban and rural development organizations;
- Private corporations working in an area, especially mines, plantations and oil companies, which may have their own cartographers;
- Aerial photographic agencies, such as mineral and agricultural surveyors;
- Satellite mapping agencies, whose maps are often more up-to-date than hand-drawn maps.

What do we map?

We map the following:

- Major external boundaries and internal divisions;
- Major industrial centers;
- Major commercial centers;
- Major agricultural centers;
- Major uniformed services bases;

- Upper-income residential areas;
- Lower-income, formal-housing residential areas;
- Lower-income, informal-housing, authorized residential areas;
- Lower-income, informal-housing, unauthorized residential areas;
- Major migrant worker settlements or transit points;
- Major highways and public transportation arteries, where sexual risk behavior is often common;
- Border posts;
- Sex work neighborhoods and residential areas;
- Nightlife (bars/hotel/nightclub) areas;
- Hospitals, clinics and informal health/drug providers (in some countries, drugs are also sold informally at markets or bus stations);
- Colleges and schools;
- Social services, youth centers and NGOs;
- Religious centers.

How do we map?

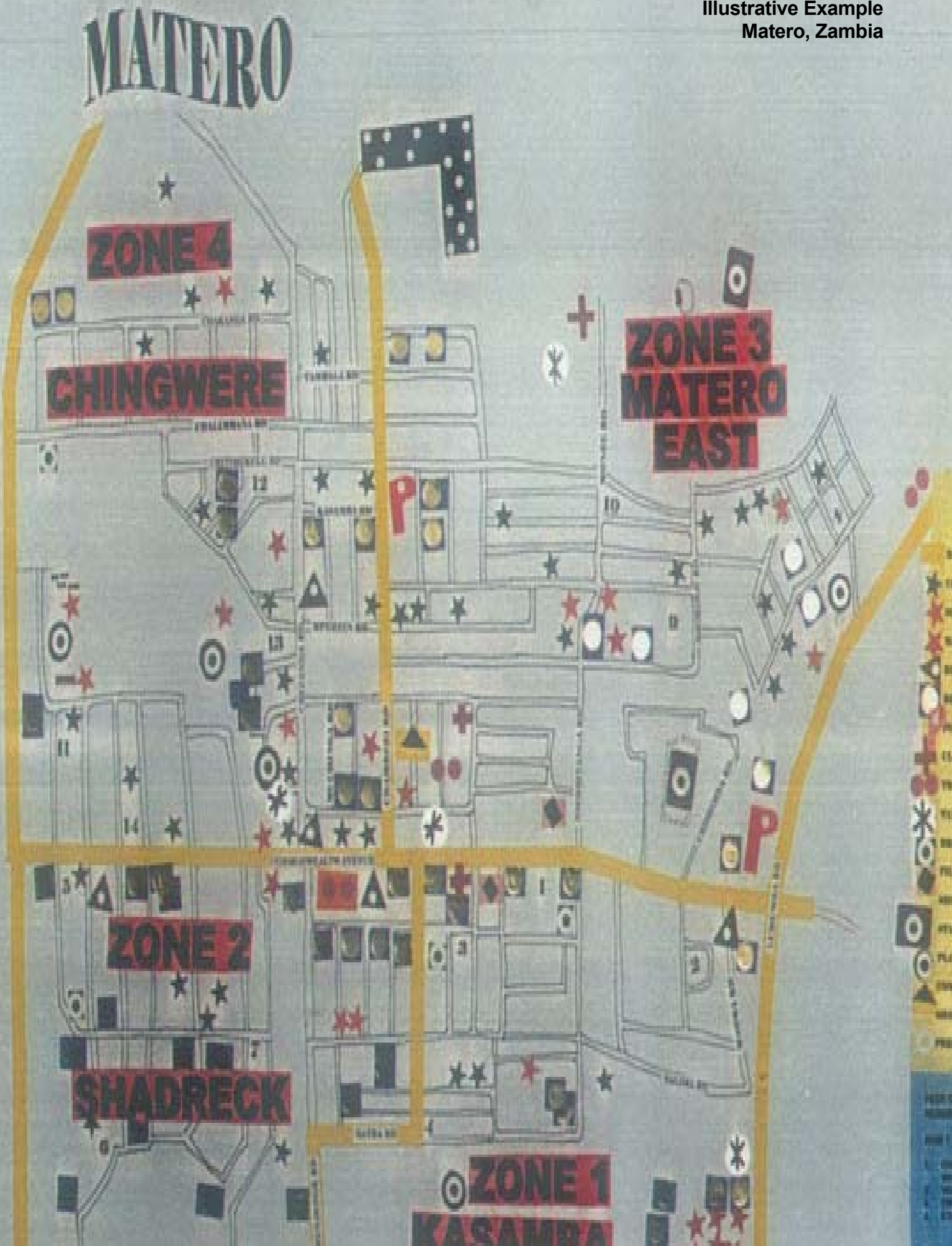
We use the following steps:

- We begin by studying the map carefully, noting major industrial, commercial and agricultural centers.
- We then consult with people who are familiar with a project area, asking them to provide further detail.
- We then drive slowly throughout an area, familiarizing ourselves with the site and noting major features. During this drive, we also develop a plan to map the site in greater detail, by sub-dividing it into smaller, more manageable units and identifying focal points for further mapping.

- Armed with our maps, we then either walk through the site, if it is small enough, or drive to focal points, then walk through the site. During our walk/drive, we map the major features noted above.
- We then develop a detailed key for each of the features mapped.
- We then transfer our rough mapping onto a new map, complete with a key and a full list of all sites.
- During the mapping, we also note the following, which will influence intervention development:
 - What is the latest estimate of the population of the project area?
 - How geographically dispersed is the project area?
 - What proportion of the project area consists of informal settlements? In general, infrastructure, health and educational facilities are more limited in informal settlements.
 - How good is public transport, both during the day and at night?
 - How safe is the entire project area and its sub-areas? If violent crime is common at night, this will reduce night intervention activities. If it is even unsafe in daylight, this will affect intervention design and delivery.
- On the basis of this mapping information, we begin to examine whether it is feasible to initiate interventions in the entire site or whether we must limit ourselves to sub-sites. In deciding, we should consider these factors:
 - If the project area's population is more than 1 million people, it may be advisable to limit ourselves, at least initially, to sub-sites.
 - In widely dispersed areas, it is harder to begin interventions in the entire area.
 - In sites consisting largely of informal settlements, it may be harder to cover the entire site. If the settlements are unauthorized, it may be even harder to conduct an assessment or intervention because of mobility, official discouragement or inhabitants' distrust.

Conclusion

Once we have completed the map, we organize our subsequent assessments and interventions around it. The map is a framework for all ensuing work. During interventions, we also re-map at regular intervals, typically annually, to ensure the map is up-to-date.



Site Inventory Guide

Introduction

The site inventory is not designed to yield precisely accurate data, but the best possible data and estimates that can be rapidly obtained and filtered to remove clearly erroneous data.

Site Inventory Item-by-Item Guide

The following item-by-item guide should be used with the site inventory itself. Possible sources of information for each item in the inventory are presented below.

1. The full name of researcher or researchers;
2. The specific name of each site for which an inventory is completed;
3. The state and LGA in which each site is situated;
4. The distance of the site in kilometers from the state capital (name state capital); these data may be derived from maps (name) or odometers (state which method was used);
5. The date or dates on which the inventory is compiled;
6. The estimated population in the site, sub-divided into the stable and transient populations;
7. The estimated size of each target group at risk, based on enumerations conducted in subsequent sections of the inventory;
- 8.1 The estimated total number employed at the site, based on data from 8.2;
- 8.2 The estimated number in employment in the major employment categories, based on government records, trade associations, individual company records, local government data and tax records;
- 9.1-4 Numbers in primary, secondary and tertiary employment, obtained from the ministry of education or individual institutions;
- 9.5 Religious institutions, obtained from the religious denomination heads or individual institutions;
- 9.6 Professional/trade associations, based on government records, professional and trade association records;

- 9.7 Formal and informal community groups, based on social welfare and NGO records and community reports; possible examples include ethnic or neighborhood associations, child-minding groups, cooperatives, savings clubs, traders' associations, market associations, burial societies, sports clubs and cultural groups;
- 10.1 NGOs, based on social welfare and NGO records and community reports;
- 11. Residential characteristics, based on local government data and estimates;
- 12.1 Sex workers, permanent and transient, based on observation, key informant estimation and where possible, enumeration;
- 12.2 Sex worker hostels and brothels, based on key informant accounts, sex worker reports and observation;
- 12.3 Bars and hotels where sex workers operate, based on key informant accounts, sex worker reports and observation;
- 12.4 Streets where sex workers operate, based on key informant accounts, sex worker reports and observation;
- 12.5 Prices charged by sex workers, by type of client and act (session or night);
- 13.1 Names of truck companies operating route;
- 13.2 Estimated number of trucks passing through on three random days, based on actual counts;
- 13.3 Estimated number of trucks parking overnight on three random days, based on actual counts;
- 13.4 Goods carried by truckers and their destination, based on truck company, freight company, customs, revenue, police and trucker reports;
- 13.5 Places where trucks park overnight, based on key informant and trucker reports and observation;
- 13.6 Names of lodging houses used by truckers, based on key informant and trucker reports and observation;
- 13.7 Names of alcohol and night spots used by truckers, based on key informant and trucker reports and observation;

- 13.8 Names of places where truckers find sex workers, based on key informant, sex worker and trucker reports and observation;
- 14.1 Estimated number of mine/oil workers, based on government, industry association and individual company records;
- 14.2 Names of lodging houses used by mine/oil workers, based on key informant and mine/oil worker reports and observation;
- 14.3 Names of alcohol and night spots used by mine/oil workers, based on key informant and mine/oil workers reports and observation;
- 14.4 Names of places where mine/oil workers find sex workers, based on key informant, sex worker and mine/oil worker reports and observation;
- 15.1 Estimated number of fishermen, based on government and fishing association records, key informant reports and estimation;
- 15.2 Names of lodging houses used by fishermen, based on key informant and fishermen's reports and observation;
- 15.3 Names of alcohol and night spots used by fishermen, based on key informant and fishermen's reports and observation;
- 15.4 Names of places where fishermen find sex workers, based on key informant, sex worker and fishermen's reports and observation;
- 16.1 Estimated number of informal traders, based on government and municipal records, key informant reports and estimation;
- 16.2 Names of informal market places and their location, based on mapping, government and municipal records, key informant reports and estimation;
- 16.3 Names of sleeping places used by informal traders, based on key informant and trader reports and observation;
- 16.4 Names of alcohol and night spots used by traders, based on key informant and trader reports and observation;
- 16.5 Names of places where male traders find commercial and casual sexual partners, based on key informant, sex worker and trader reports and observation;

- 16.6 Names of places where female traders find commercial and casual sexual partners, based on key informant, sex worker and trader reports and observation;
- 17.1 Name(s) of health facilities in site, based on government health records and individual facility records;
- 17.2 Public or private facility, based on government health records and individual facility records;
- 17.3 Staff by category at facility, based on government health records and individual facility records;
- 17.4 Health services provided by the facility, from staff informants;
- 17.5 Major health complaints, from government and facility records and staff informants;
- 17.6 Supplies of drugs and syringes, from district and facility informants;
- 17.7 Average number of outpatients seen daily, from health records, or in their absence, staff estimates (indicate which);
- 17.8 Care offered for sexually transmitted infections (STIs), from health records or staff informants;
- 17.9 STIs seen daily/monthly, from health records, or in their absence, staff estimates (indicate which);
- 17.10 STIs seen since January 2001, from health records, or in their absence, staff estimates (indicate which);
- 17.11 Level and source of STI training, from staff interviews;
- 17.12 STI drug supply, from staff interviews;
- 17.13 Presence of STI/HIV coordinator, from staff interviews;
- 17.14 If present, position of STI/HIV coordinator, from staff interviews;
- 17.15 HIV counseling and testing offered by facility, from staff interviews;
- 17.16 Number of people who have received HIV counseling and testing since January 2001, from staff records;

- 17.17 Number and percent HIV-positive, from staff records;
- 17.18 Condom distribution at facility, from facility records, or failing that, staff interviews (indicate which);
- 17.19 If so, number distributed, from facility records, or failing that, staff interviews (indicate which);
- 18. Farms' (and employees') economic activity and HIV activities, from individual company reports;
- 19. Mine/oil sites' (and employees') economic activity and HIV activities, from individual company reports;
- 20. Construction companies' (and employees') economic activity and HIV activities, from individual company reports;
- 21. Estimated number of youth in-school and out-of-school, from census, LGA, university and published records (state which);
- 22. Estimated number of places selling condoms and quantities sold, from PSI/SFH records and individual reports.

SITE INVENTORY

1. NAMES OF RESEARCHER(S): _____

2. NAME OF SITE: _____

3. LOCATION OF SITE (NAME OF STATE AND LGA IN WHICH IT IS SITUATED): _____

4. DISTANCE OF SITE FROM STATE CAPITAL (NAME): _____ IN KM _____

5. DATE(S): _____

6. DEMOGRAPHIC INFORMATION:

STABLE POPULATION	
TRANSIENT POPULATION	

7. POPULATION OF TARGET GROUPS AT SITE:

TARGET GROUP	POPULATION
COMMERCIAL SEX WORKERS	
MIGRANT LABORERS	
FARM WORKERS	
MINE AND OIL WORKERS	
FISHERMEN/WOMEN	
CONSTRUCTION WORKERS	
UNIFORMED GOVERNMENT EMPLOYEES (CUSTOMS, POLICE, IMMIGRATION, DEFENSE FORCES, NAVY, ETC.)	
IN-SCHOOL YOUTH	
OUT-OF-SCHOOL YOUTH	
INFORMAL TRADERS	
TRUCK DRIVERS	

8. EMPLOYMENT STATISTICS:

8.1 TOTAL NUMBER IN FORMAL EMPLOYMENT AT SITE: _____

ECONOMIC SECTOR	NUMBER EMPLOYED
MINE OR OIL WORKERS	
FARMING/AGRICULTURE	
CONSTRUCTION	
UNIFORMED GOVERNMENT SERVICES	
OTHER GOVERNMENT SERVICES	
RETAIL (SHOPS)	
SHIPPING	
FISHING	
TOURISM (HOTELS/LODGES/MOTELS, ETC.)	
OTHER (PLEASE SPECIFY)	

9. SOCIAL INSTITUTIONS:

9.1 EDUCATIONAL INSTITUTIONS AT SITE:

9.2 PRIMARY SCHOOLS:

NAME	MALES	FEMALES	TOTAL

9.3 SECONDARY SCHOOLS:

NAME	MALES	FEMALES	TOTAL

9.4 TERTIARY/ VOCATIONAL SCHOOLS:

NAME	MALES	FEMALES	TOTAL

9.5 RELIGIOUS INSTITUTIONS:

NAMES OF INSTITUTIONS	NAMES OF INSTITUTIONS

9.6 PROFESSIONAL/TRADE ASSOCIATIONS:

NAMES OF ASSOCIATION	NAMES OF ASSOCIATION

9.7 FORMAL AND INFORMAL COMMUNITY ORGANIZATIONS/GROUPS (POSSIBLE EXAMPLES INCLUDE ETHNIC OR NEIGHBORHOOD ASSOCIATIONS, CHILD-MINDING GROUPS, COOPERATIVES, SAVINGS CLUBS, TRADERS' ASSOCIATIONS, MARKET ASSOCIATIONS, BURIAL SOCIETIES, SPORTS CLUBS, CULTURAL GROUPS):

NAMES OF COMMUNITY GROUPS	ACTIVITIES CARRIED OUT BY GROUP

10. NGOs:

10.1 NAMES OF NGOS WORKING IN:

HIV/AIDS PREVENTION AND HOME-BASED CARE	REPRODUCTIVE HEALTH
HEALTH IN GENERAL	URBAN AND RURAL DEVELOPMENT

11. RESIDENTIAL CHARACTERISTICS:

TYPE OF RESIDENCE	TOTAL NUMBER OF SETTLEMENTS	AVERAGE NUMBER OF PEOPLE PER HOUSE
LOW INCOME		
MIDDLE INCOME		
HUTS		
SQUATTER CAMPS		
FARM HOUSING		
MINE HOUSING		
CONSTRUCTION WORKER HOUSING		
OTHER TYPE OF SETTLEMENTS		
RESETTLEMENT CAMPS		
HIGH-RISE FLATS/APARTMENTS		

12. SEX WORKERS:

TYPE	NUMBERS
PERMANENT SEX WORKERS	
TRANSIENT SEX WORKERS	

12.1 SEX WORKER HOSTELS AND BROTHELS AT SITE:

NAMES	ADDRESS/LOCATION

12.2 BOTTLE STORES/BARS/BOOKING HOUSES/DISCOS/HOTELS WHERE SEX WORKERS OPERATE:

NAMES	NAMES

12.3 NAMES OF STREETS WHERE SEX WORKERS MEET CLIENTS:

NAMES	NAMES

12.4 PRICES CHARGED BY SEX WORKERS AT SITE:

TYPE OF CLIENT	AMOUNT CHARGED (SESSION-NIGHT)

13. TRUCK DRIVERS:

13.1 NAMES OF TRUCK COMPANIES THAT PASS THROUGH THIS SITE:

NAMES	NAMES

13.2 ESTIMATED NUMBER OF TRUCKS PASSING THROUGH THIS SITE ON THREE RANDOM DAYS:

DAY 1	DAY 2	DAY 3
DATE:	DATE:	DATE:

13.3 ESTIMATED NUMBER OF TRUCKS PARKING OVERNIGHT ON THREE RANDOM DAYS:

DAY 1	DAY 2	DAY 3
DATE:	DATE:	DATE:

13.4 GOODS CARRIED BY TRUCK DRIVERS AND FINAL DESTINATION OF LOADS:

GOODS	DESTINATION

13.5 PLACES WHERE TRUCK DRIVERS PARK AT NIGHT:

PLACES	PLACES

13.6 NAMES OF GUEST HOUSES, MOTELS AND LODGES FREQUENTED BY TRUCK DRIVERS AND THEIR LOCATION:

NAME	LOCATION

13.7 NAMES OF TAVERNS, BOTTLE STORES, HOTELS AND NITE-CLUBS FREQUENTED BY TRUCK DRIVERS:

NAMES	LOCATION

13.8 NAMES OF PLACES AND LOCATIONS WHERE TRUCKERS FIND SEX WORKERS:

NAMES	LOCATION

14. MINE/OIL WORKERS:

14.1 ESTIMATED NUMBER OF MINE/OIL WORKERS AT SITE:

NUMBER OF MINE/OIL WORKERS	
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14.2 NAMES OF GUEST HOUSES, MOTELS AND LODGES FREQUENTED BY MINE/OIL WORKERS AND THEIR LOCATION:

NAME	LOCATION

14.3 NAMES OF TAVERNS, BOTTLE STORES, HOTELS AND NITE-CLUBS FREQUENTED BY MINE/OIL WORKERS:

NAMES	LOCATION

14.4 NAMES OF PLACES AND LOCATIONS WHERE MINE/OIL WORKERS FIND SEX WORKERS:

NAMES	LOCATION

15. FISHERMEN:

15.1 ESTIMATED NUMBER OF FISHERMEN AT SITE:

NUMBER OF FISHERMEN	
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15.2 NAMES OF GUEST HOUSES, MOTELS AND LODGES FREQUENTED BY FISHERMEN AND THEIR LOCATION:

NAME	LOCATION

15.3 NAMES OF TAVERNS, BOTTLE STORES, HOTELS AND NITE-CLUBS FREQUENTED BY FISHERMEN:

NAMES	LOCATION

15.4 NAMES OF PLACES AND LOCATIONS WHERE FISHERMEN FIND SEX WORKERS:

NAMES	LOCATION

16. INFORMAL TRADERS/MARKET SELLERS:

16.1 ESTIMATED NUMBER OF INFORMAL TRADERS WORKING AT SITE:

NUMBER OF INFORMAL TRADERS	
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16.2 NAMES OF MARKET PLACES AND THEIR LOCATION:

NAME	LOCATION

16.3 NAMES OF GUEST HOUSES, MOTELS AND LODGES FREQUENTED BY FISHERMEN AND THEIR LOCATION:

NAMES	LOCATION

16.4 NAMES OF TAVERNS, BOTTLE STORES, HOTELS AND NITE-CLUBS FREQUENTED BY INFORMAL TRADERS:

NAMES	LOCATION

16.5 NAMES OF PLACES AND LOCATIONS WHERE MALE INFORMAL TRADERS FIND SEX WORKERS/WOMEN TO SLEEP WITH:

NAMES	LOCATION

16.6 NAMES OF PLACES AND LOCATIONS WHERE FEMALE INFORMAL TRADERS FIND CLIENTS/MEN TO SLEEP WITH:

NAMES	LOCATION

17. HEALTH FACILITIES/HEALTH SERVICE PROVIDER FORM:

17.1 NAME OF FACILITY:

17.2 IS IT A PRIVATE OR GOVERNMENT FACILITY? PRIVATE/GOVT. (CIRCLE ONE)

17.3 STAFF AT THE FACILITY:

TYPE OF STAFF	NUMBER
DOCTORS	
NURSES	
TECHNICIANS	
OTHER	

17.4 WHAT HEALTH SERVICES ARE PROVIDED BY THE FACILITY?

HEALTH SERVICES PROVIDED	HEALTH SERVICES PROVIDED

17.5 WHAT ARE THE MAJOR COMPLAINTS OF CLIENTS?

MAJOR COMPLAINTS	MAJOR COMPLAINTS

17.6 DOES THE FACILITY HAVE ADEQUATE SUPPLIES OF DRUGS, SYRINGES AND GLOVES TO DEAL WITH THESE COMPLAINTS? (PLEASE NOTE DOWN ALL COMMENTS)

17.7 AVERAGE NUMBER OF OUT-PATIENTS SEEN PER DAY: [_____]

17.8 DOES THE FACILITY OFFER STI TREATMENT? YES/NO (CIRCLE)

17.9 NUMBER OF STIS SEEN DAILY/MONTHLY AT THE FACILITY:

DAILY	MONTHLY

17.10 TOTAL NUMBER OF STIS SEEN AT THE FACILITY SINCE JANUARY 2001: [_____]

17.11 HAVE STAFF RECEIVED TRAINING TO DIAGNOSE AND TREAT STIS? FROM WHOM?

17.12 DOES THE FACILITY HAVE ADEQUATE SUPPLIES OF ALL THE DRUGS NECESSARY TO TREAT STIs?

17.13 DOES THE FACILITY HAVE SOMEONE IN CHARGE OF STI/HIV/AIDS INFORMATION, EDUCATION AND COMMUNICATION IN THE COMMUNITY?

YES/NO (CIRCLE)

17.14 IF YES, PLEASE PROVIDE NAME AND POSITION:

NAME	POSITION

17.15 DOES THE FACILITY CARRY OUT HIV VOLUNTARY COUNSELING AND TESTING? YES/NO

17.16 SINCE JANUARY 2001, HOW MANY PEOPLE HAVE BEEN TESTED? [_____]

17.17 OF THESE, HOW MANY TESTED POSITIVE? [_____]

17.18 DOES THE FACILITY DISTRIBUTE CONDOMS? YES/NO (CIRCLE)

17.19 HOW MANY DOES IT DISTRIBUTE ON AVERAGE EACH MONTH? [_____]

18. FARMS:

NAME OF FARM	NUMBER OF EMPLOYEES	ACTIVITY	DOES SITE HAVE AN HIV/AIDS PROGRAM?	
			YES	NO

19. MINE/OIL SITES:

NAME OF MINE/OIL SITE	NUMBER OF EMPLOYEES	ACTIVITY	DOES SITE HAVE AN HIV/AIDS PROGRAM?	
			YES	No

20. CONSTRUCTION COMPANIES AT SITE:

NAMES	NUMBER OF EMPLOYEES

21. YOUTH:

ESTIMATED NUMBER OF OUT-OF-SCHOOL YOUTH	
NUMBER OF OUT-OF-SCHOOL YOUTH IN EMPLOYMENT	

22. CONDOMS:

NAMES OF PLACES SELLING CONDOMS	ESTIMATED NUMBER OF CONDOMS SOLD MONTHLY

Illustrative Example: Messina, South Africa Inventory

SOCIO-DEMOGRAPHIC INFORMATION

POPULATION: The Central Statistical Services (CSC), based on a survey carried out in 1996, puts the population of Messina at 19,500. Based on administrative records, the Greater Messina Transitional Local Council places the population at 26,000. Four-thousand are Caucasians and 22,000 are black. Of the entire population, females make up 65-70 percent of the population.

EMPLOYMENT: The total number of people formally employed in Messina is approximately 7,474.

ECONOMIC ACTIVITY	NUMBER
Farming/Agriculture	4,000 (est.)
Army (900 at base; 150 at border)	1,050
Mining (Venetia Mine: 70 km away)	753
All Goods (Canned Food)	330
Beerhall/Hotel/Stations/Shops	320
Sex Work	300
Amplats	290
Freight Clearance/Handling	95
Customs	80
Immigration	78
Police	76
Municipality	67
Post Office	35
Total:	7,474

INFORMAL TRADE: Approximately 450 people are involved in informal trade. Some sell fruits and vegetables at the market, and others have stalls at the numerous flea markets.

ACTIVITIES THAT WOMEN ARE ENGAGED IN: Most women are involved in vending and running small Coca-Cola outlets called *spazas*; they also sell drinks at the railway station. Many are also employed as domestics in the low-density suburbs or as bed maids at the hotels and lodges in Messina. A small number are employed in the Chinese and Indian retail outlets.

ACTIVITIES THAT GIRLS ARE ENGAGED IN: Sex work and informal trading. The bars allow young girls to enter; many of them get picked up by patrons and *shebeens* (informal bars).

EDUCATIONAL INSTITUTIONS IN MESSINA

Primary: In Messina, there are three primary schools offering Standard 1-6 and four high schools offering Standard 8-12.

NAME	NUMBER OF MALES	NUMBER OF FEMALES
Eric Louw High		
Messina Primary		
Nehemiah Christian		

RESIDENTIAL CHARACTERISTICS

Number of formal settlements	1,543
Number of informal settlements	5,600
Mkukus	7,500

A large majority of the informal settlements have 3-5 extra shacks called *mkukus*, which the owners lease out.

There are only 1,543 formal settlements in Messina, mostly two- to three-bedroom houses. (High income: 95 percent of the houses are lived in by white inhabitants; the remaining 5 percent of the houses belong to Indians and customs/immigration officials.)

There are 5,600 informal settlements, mostly two- to three-room houses built under the RDP Project. They have clean water and electricity with excellent reticulation. These houses are no longer being built because the Government could no longer find donors to help fund the project.

The *mkukus* are squatter-like settlements constructed with Durawall or asbestos. The 5,600 informal settlements are split into five “locations” (or sections).

- Nancefield Town
- Extension 5
- Extension 6
- Extension 7
- Extension 8

SEX WORK

There are approximately 300 sex workers operating in Messina. They all reside in Messina but some carry out sex work at the border with truckers at the truck-inn there and with informal traders.

SEX WORKERS HOSTELS AND GUEST HOUSES: There are no sex worker hostels and guest-houses in Messina. Most of the sex workers in Messina stay in the RDP houses or rent *mkukus* from the owners of the RDP houses.

BOTTLE STORES/BARS/BEERHALL WHERE SEX WORK IS CARRIED OUT:

Skipa's Bar	Moses Place-Matshiva's
Tshimbaro Action Bar	Joe's Bar (currently under renovation)
Copper Pot	Impala Lily
Dzangani Bar	Game Centre

STREETS WHERE SEX WORKERS MEET CLIENTS: Billy Street, National Road (N1), Bandasingel Road, Lawrence Kaunda Lane, Ham Street, Stephanus Street, Hosea Kekane Street, Chris Hani Street, Squba Abel Road, Patrick Machadho, Brilliant Street and Freedom Street.

SOCIO-ECONOMIC STATUS OF SEX WORKERS: They have just enough money to make ends meet. They make between ZAR 1500-1700/month from sex work. Many of them also work at the Chinese and Indian shops and earn around ZAR 350 per fortnight.

PRICES CHARGED PER SESSION/PERIODICITY OF WORK:

TYPE OF CLIENT	FEE PER SESSION
Soldier	ZAR 50-00 per round
Trucker	ZAR 50-70 per round
Mine Worker	ZAR 85 per round

TRUCKERS

TRUCKING COMPANIES USING THE ROUTE:

Colbro Transport	Car Delivery Services
Tm Haulage	Preston Transport
Chilly Charters	Tranne Transport
D & A Transport	Mac Haulage
Bax Haulage	Dunstan Transport
Zambezi Carriers	Transhaul
Truck Africa	Bretom Transport
Nt Transport	Sazam Carriers
Interlink Carriers	CARS
Gdc Transport	Mbs Carriers (Malawi, Rsa)
Minaar Transport, Rsa	Bill Transport (Malawi)
Conan	Whelson Transport
Jackson Transport	Stuttafords Removals
Malala Transport	Henroy Transport
Rauties Transport	Rcj Transport, Nylstroom, Rsa
Messina Associated Carriers	Messina Shipping
Associated Freight Services	Unitrans
Emco	Botswana Hauliers
Autonet, RSA	Petrochem Bulk, Wansbeck, RSA
Tanker Services, Midrand, Rsa	Rainbow Investments, Zambia

TRUCKING COMPANIES WITH OFFICES AT THE BORDER:

Cars	Wheels of Africa
Wheels of Africa	Cargo Services
Transport Limpopo	Messina Associated Carriers
Preston	Truck Africa

FREIGHT COMPANIES WITH OFFICES IN MESSINA:

Manica Freight	
Walford Meadows	
Messina Shipping Services	
Cargo Services	

TRUCKS CROSSING THE BORDER ON THREE RANDOM DAYS:

DATE: 31/08/99	DATE: 01/9/99	DATE: 02/9/99
121	134	179

TRUCKS PARKED AT THE BORDER ON THREE RANDOM DAYS:

DATE: 31/08/99	DATE: 01/09/99	DATE: 02/09/99
58	64	81

BUSIEST DAYS OF THE MONTH: Month end and the first week of the month because most companies importing their goods require them by the beginning of the month.

GOODS TRANSPORTED AND DESTINATIONS:

GOODS	DESTINATIONS
Flour	DRC
Tomatoes/Fruit	Zambia/Malawi
Tar	Malawi
Furniture	Zimbabwe
Jet A1 Fuel	DRC/Zambia/Malawi
Equipment	Malawi (Lilongwe)
Mining Equipment	Zambia and the DRC
Steel	Zambia
Polythene	Zambia
Food stuffs	DRC/Malawi
Petroleum	DRC/Zambia
Chemicals	Zambia/Tanzania

DESTINATION AND DAYS SPENT AWAY FROM HOME:

DESTINATION	DISTANCE	DAYS AWAY
Zambia	Varies	7-14 days
DRC	Varies	10-21 days
Malawi	Varies	7-14 days
Zimbabwe	Varies	4-7 days

PLACES TRUCKS ARE PARKED AT NIGHT:

National Road (N1)
Beyer Street

BARS AND HALLS THAT TRUCKERS FREQUENT:

NAME	LOCATION
Tshimbaro Action Bar	Nancefield
Joe's Ladies Bar	NI Highway
Skipa's Bar/Tavern	Nancefield
Zama-Zama	Rwanda
Rosina's Shebeen	Rwanda
Ngale's	Rwanda
Copper Pot	NI Highway
Elisa's	Rwanda
Jabhuli's	Rwanda

PLACES WHERE TRUCKERS PARK AT NIGHT:

PLACE	PLACE
Truck Inn at Border	Spar Parking
Copper Pot Café	Opposite the Post Office
NI Highway	

HEALTH FACILITIES IN MESSINA

There is one main hospital and two clinics in Messina. The hospital is known as Messina Hospital. The clinics are known as Nancefield and Municipality clinics, respectively.

STATISTICS	MESSINA HOSPITAL	MUNICIPALITY CLINIC	NANCEFIELD CLINIC
No. of beds	80	70	
Av. outpatients/day	15	20	
No. of STIs Seen	0	0	
Total STIs in 1998	397		
Total tested HIV+	211	No testing	
Common STIs			
Condoms distributed	1,000 monthly		

All patients presenting with STIs are referred to Nancefield Clinic.

MESSINA HOSPITAL	STATISTICS
Total number of people tested for HIV in 1998	397
Total tested HIV+ in 1998	211
Total tested since January 1999	147
Total tested HIV+	89

The Municipality Clinic distributed 12,000 condoms in 1998. Messina Hospital does not distribute condoms. Only Nancefield Clinic distributes condoms.

MAJOR BUSINESSES AND EMPLOYERS IN MESSINA:

168 Retail Shops	Customs
Amplats	Army (SADF)
All Gold	16 Farms
Lodges and Hotels	Venetia Mine (De Beers)

NON-GOVERNMENTAL ORGANIZATIONS: The only NGO operating in Messina is the Centre for Positive Care (CPC), which has implemented the Messina Peer Education Project. CPC distributes 50,000 condoms every six weeks.

AIDS ACTIVITIES IN MESSINA: Venetia Mine has its own peer education program. The army also has its own program.

RECREATIONAL FACILITIES: There are the bars (clubbing), pool tables and the video club.

INFORMAL TRADERS

PLACES WHERE THEY MEET DURING THE DAY:

Train Station	Hawkers/Wholesalers
Taxi Rank	

NUMBER OF TRADERS SLEEPING AT THE BORDER ON THREE RANDOM DAYS:

31/08/99	01/09/99	03/09/99
15	78	27

NUMBER OF TRADERS CROSSING THE BORDER ON THREE RANDOM DAYS:

31/08/99	01/09/99	03/09/99
218	198	204

CONDOM DISPENSING OUTLETS

PRIVATE	PUBLIC
Jan Naude Pharmacy	SADF Army
Messina Pharmacy	CPC
Venetia Mine	Nancefield
Spar Outlets	Municipal Clinic

BRANDS DISTRIBUTED:

Durex	Sega
Kenzo	White/Gold/Blue No Name Condoms

OFFICIALS

ARMY	POLICE	CUSTOMS/IMMIGRATION
1,050	76	156

MINING

There is one diamond mine (Venetia) owned by De Beers. It employs 753 people.

FARMING

There are 16 farms in Messina. They all specialize in different products. Some specialize in farm game and others in fruits and vegetables. No data are available about the operations of the farms. There is no farmers' guild and the local council does not have the information on hand.

NAMES	NAMES
Tovey Farm	Singelele
Papenbril	Berkenrode
Cassel	Stockford
Mondferland	Prinzenhage
Toynton	Vryheid
Uitenpas	Magdala
Maroi Farm	Dover
Antonvilla	

Rapid Ethnographic Guide

Introduction

This guide offers simple advice on rapid ethnographic approaches. It is accompanied by a separate ethnographic question guide.

Rapid ethnographic assessment arose from a recognition that intensive techniques such as observation, key informant interviews and group discussions enable researchers to explore social issues in depth and to identify factors and relationships that may not be understood through quantitative survey. Quantitative surveys alone provide a decontextualized treatment of a community. Rapid ethnographic assessment seeks to make ethnographic data promptly available to program managers. Rapid ethnographic assessment is judged by its ability to provide a rapid, broad overview of a community or sub-culture and by its ability to generate insights that inform or modify program design or delivery. Rapid anthropological assessment is particularly useful in understanding sub-cultures with heightened vulnerability to HIV, such as gay males, injecting drug users or sex workers. Rapid anthropological surveys are increasingly combined with quantitative surveys and the results from the different approaches are used to triangulate and validate each other.

Key Informant Interviews

Key informants are experienced people with direct, expert knowledge of the subject under study. If there were a completely reliable way of finding key informants, assessment would be much quicker and simpler, as we could skip many other aspects of the assessment. Unfortunately, there is not. All we can do is offer some suggestions that may be of help in identifying good key informants.

There are logical reasons why certain people should have expert knowledge in certain areas. Logically, some of the following should have expert knowledge of commercial sex: experienced sex workers, especially informal leaders; experienced clients; management, security, reception and bar personnel in lodges and bars where sex work is common; doctors or nurses who frequently treat sex workers; traditional healers who provide services to sex workers; community-based distributors of family planning services; social workers who work with sex workers; members of women's groups and rape centers; police (though their comments should be interpreted cautiously); church workers, especially those with activities in areas where sex workers live; journalists who have reported on sex work; men in occupational categories where visits to prostitutes are frequent, including the uniformed services and transport workers; and community leaders, especially in small, cohesive, established communities.

Within these groups, we ask people who the experts are. For example, when talking to sex workers, we ask them who their informal leaders or most experienced and knowledgeable members are. Similarly, we ask medical workers, journalists and social workers which of

their colleagues work frequently with sex workers. People identified repeatedly as experts by different people may be promising key informants.

We usually talk repeatedly to key informants and once to other interviewees. However, we try to probe potential key informants to make sure they really are experts before we accept them as key informants and invest time interviewing them. When probing, we look for a long record of involvement, direct, personal experience and comments rich in situational and contextual detail and examples. We are wary of informants whose comments are limited to generalities. If our informant's reply is satisfactory, we proceed; if not, we politely thank them and tactfully discontinue the conversation.

We follow certain principles when doing key informant interviews:

- We begin with truly exploratory, flexible, open-ended questions.
- We never tell people they are wrong, give nonverbal clues or offer value judgments.
- We share our own experiences (without disclosing strong views) if doing so relaxes informants.
- We never move to a new topic until we have completely explored the topic under discussion.
- At first, our questions are open-ended and flexible and we pursue all unanticipated, but important, issues that arise.
- We make very brief notes on each informant's comments.
- We interpret and summarize the key informant interviews, perhaps using the following steps. First, we make a list, partly for intervention purposes, of all the areas, categories of places, addresses, days and times where risky sexual activity occurs. Second, we produce a summary, in point form, of the key points made by each key informant. Third, we make a summary, also in point form, of the separate key informant summaries. We divide our summary into areas of major and limited agreement and consider possible explanations for inconsistencies.

How do we know whether the information we get is reliable? There is no foolproof way, but we can do the following:

- We can be attentive to internal inconsistencies in the comments of key informants and explore these inconsistencies in a reassuring way.
- If some conclusions seem questionable, we try and determine whether an informant has drawn them from a single, memorable incident.

- We ask ourselves whether the key informants' experience qualifies them to make a statement whose reliability seems uncertain.
- We consider carefully whether the attitude the informant holds toward sex work may have influenced particular answers.
- We compare answers of different key informants, looking for contradictions and points of consistency.
- We compare the information gathered from key informants with that yielded by other methods.

Observation

Next, we rely upon observation. To begin an observation, we reacquaint ourselves with our map and, keeping it firmly in mind, go to bars, streets and suburbs where risky sexual activity is common. We go unobtrusively and mingle casually. We can learn a lot, in a bar, for example, by buying drinks for sex workers, clients or bar workers, discussing sexual relationships and observing what is happening around us.

Depth Interviews

The next step is to begin open-ended, depth interviews with target group members, using many of the same principles discussed above for key informant interviews. As noted earlier, key informants have expert knowledge of other peoples' lives, while depth informants are experts about their own lives. We usually interview key informants several times and depth informants once.

Focus Groups

Focus groups or group interviews, which are discussed below, may form part of an overall ethnographic assessment, or they may be used on their own.

Triangulation

When different methods of collecting data are used and agreement yielded by the different methods is compared, this is called triangulation. Triangulation is an important way of verifying the accuracy of information. To triangulate data, we take the major conclusions gathered from different data collection methods and compare them for areas of agreement and disagreement. Where discrepancies arise, it is important to look for forms of evidence that help us to decide where the truth may lie. It is also important to suggest possible explanations for discrepancies.

Rapid Ethnographic Questions

Overview

- What groups appear to contribute most to the spread of STIs? What is the supporting evidence?
- Which sexual practices appear to contribute most to the spread of STIs? What is the supporting evidence?
- Which groups have the greatest number of sexual partners and why?
- Who are the most sexually active groups having sex with and why?
- Where do people find new sexual partners? Why do they choose these places to find new sexual partners?

Sex Workers

- Are there sex workers at the site?
- What is the public perception of sex workers?
- What places at the site have the highest numbers of sex workers?
- What hours do sex workers work?
- Where do sex workers work from? Are they stable or transient?
- Are sex workers local or from outside the site?
- What different categories of sex workers are there? Do sex workers work from their homes, streets or bars/nightclubs? What is the relative proportion at each site?
- Do sex workers cross borders to find clients?
- Are the sex workers controlled by pimps or do they freelance?
- How many partners per week do sex workers have?
- What do they charge per session?
- What do they charge per night?
- Do sex workers report STIs?
- Where do they go for treatment if they have an STI?
- What relationships exist between the police and sex workers?
- Do sex workers use condoms?
- What factors assist or inhibit their condom use?

Clients

- Who are the major clients of sex workers?
- What are the occupations and backgrounds of these clients?
- Are the clients local or from outside the site?
- What places in the site have the highest numbers of clients?
- Where do clients find sex workers?
- What do clients pay per short session?
- What do clients pay per night?
- Do clients report sexually transmitted infections?
- Where do they go for treatment if they have a sexually transmitted infection?

- Do clients use condoms?
- What factors assist and inhibit their condom use?

Men with Multiple Partners

- Are there other men who are *not* formal clients and who may have several sexual partners?
- Who are these men?
- Where are they found?
- What sexual partnerships do they have and what risks are associated with these sexual relationships?
- Do these men have STIs?
- Where do they go for treatment if they have STIs?
- Do these men use condoms?
- What factors assist or inhibit their condom use?

Low-Income Women

- Are there other low-income women who are *not* formal sex workers and who may have several sexual partners?
- Who are these women?
- Where are they found?
- What sexual partnerships do they have and what risks are associated with these sexual relationships?
- Do these women have STIs?
- Where do they go for treatment if they have STIs?
- Do low-income women use condoms?
- What factors assist or inhibit their condom use?

Informal Traders

- Are there informal traders at the site?
- Are these informal traders local?
- Do they cross the border frequently? Why? How often?
- How many informal traders are there, where are they found and what do they trade?
- Does their trading work put them at risk for STIs (including HIV/AIDS)? How does their trading work put them at risk?
- What sexual partners do the informal traders have and what risks are associated with these sexual relationships?
- Do the informal traders have STIs?
- Where do the informal traders go if they have STIs?
- Do informal traders use condoms?
- What factors assist or inhibit their condom use?

Truckers

- Do truck drivers stop over at the site? If so, how long do they normally stay there?
- What places do the truckers frequent most at the site?
- What is the reputation of the truckers that stop over or spend the night at the site?
- Do truckers sleep with sex workers an the site or do they have local girlfriends or both?
- What do truckers think of sex workers or local girls that stay an the site?
- Where do truck drivers find sex workers?
- How much do truckers pay per session or per night?
- Do truckers report STIs?
- Where do they go if they have an STI?
- Do truckers use condoms?
- What factors assist or inhibit their condom use?

Migrant Laborers

- Are migrant laborers passing through this site?
- Where are they from? Are they national or international migrants?
- What types of migrant laborers are there?
- What are the social and economic characteristics of the migrants?
- What do they do and why are they traveling through the site?
- Do the migrants have sexual relationships with local people?
- With what categories of local people do the migrant workers have sexual relationships?
- Where does the sex take place and where do the migrants find their partners?
- Do the migrant laborers have sex with sex workers and if so, where?
- Do migrants report STIs?
- Where do the migrants go if they have STIs?
- Do migrant laborers use condoms?
- What factors assist and inhibit their condom use?

Spouses of Migrants

- Are spouses of migrant laborers an the site?
- Where are they from? Are they national or international spouses?
- What economic activities are these spouses involved in?
- What is known about the sexual relationships of these spouses while their migrant laborer partners are away?
- Who do the spouses have sexual relationships with?
- Do spouses of migrants report STIs?
- Where do they go for treatment if they have STIs?
- Do the spouses of migrant workers use condoms with their husbands?
- What factors assist and inhibit their use of condoms with their husbands?

- Do the spouses of migrant laborers use condoms with sexual partners other than their husbands?
- What factors assist and inhibit their condom use with these extra-marital partners?

Youth

- Who are youth having sex with? What categories of people are youth having sex with? Why are youth having sex with each category? Romance? Pleasure? Status? Essential item gifts? Luxury item gifts? Money?
- Are youth having sex with older partners?
- Are youth having sex with other target groups? What are these groups?
- What are the most risky sexual relationships the youth are having?
- Where do the youth find sexual partners?
- Is there sexual coercion? With whom? What forms does it take?
- Do youth report STIs?
- Where do they go for treatment if they have STIs?
- How do youth report being treated at the places they seek treatment from?
- Do youth use condoms?
- What factors assist and inhibit their condom use?

Community Organization

- What informal community associations do people belong to? Possible examples include ethnic or neighborhood associations, child-minding groups, cooperatives, savings clubs, traders' associations, market associations, burial societies, sports clubs and cultural groups. Which are the largest and most active and why?
- What different community associations do adult men, adult women, young men, young women and other groups of special interest, such as sex workers, belong to?
- Which groups are most likely to belong to associations? Which groups are least likely to belong to associations?
- What influences, potentially positive and negative, do associations have on members' behavior?
- Where, when and how often do associations meet? What activities do they do?
- What opportunities are there to introduce AIDS prevention and care activities into existing community associations? How can such activities best be introduced and what problems may be faced?

Summary

- How would you summarize the major sexual risk factors on the site?
- Which groups have the most sexual partners?
- What sexual relationships have the most STI/HIV risk?
- What factors make sexual behavior in this site different to sexual behavior in other sites?
- What are the top priority HIV prevention activities and why?

Illustrative Example: Messina, South Africa

Messina is Africa's busiest commercial border. It is situated in the poorest region of the poorest province in South Africa, bordering poor areas of Zimbabwe and Southern Mozambique. Almost 70 percent of South Africans living in poverty are black women in rural areas and small towns and Messina is no exception. Whereas men tend to migrate beyond Messina, many low-income women migrate to Messina for vending and sex work, resulting in a disproportionate percentage, approximately, 70 percent, of women. Although Messina has significantly higher incomes than neighboring Mozambique and Zimbabwe, poverty among women in Messina is acute. Messina has an acute shortage of low-income housing and many people live in informal settlements. The most crowded informal settlement in Messina is called Rwanda. Many sex workers live in Rwanda and many men visit Rwanda in search of sexual partners.

Bars and *shebeens* (informal bars) are a major source of recreation and sexual interaction in Messina, which has five bars and at least 30 shebeens. The bars are open from 0800 to 2300 during the week and 0200 during weekends. The bars are quiet during the week, when miners and soldiers are tired after work. On weekends, more than 200 sex workers can be counted in major bars. During the week, when sex workers seek trucking clients on the highway, more than 100 sex workers may be counted each night on the highway.

Almost 70 percent of Messina's residents are women, nearly all in all paid domestic or retail jobs, vending or sex work. In this context, reliance on men for income and formal and informal sex work flourish.

In Messina, the majority of clients are truckers, soldiers, miners and customs officials. Truckers are most popular because they pay well and bring beauty products from Johannesburg. Miners are also popular. Soldiers are considered unreliable and abusive. Customs officials seldom pay cash, but exempt women from customs duties for sexual favors.

Although sex work is their primary source of income, many sex workers engage in other activities during the day. They work in shops, salons or markets or conduct cross-border trade. They get free lifts with truckers and rely upon assistance from truckers or customs officials to avoid customs duty. Messina sex workers recognize that truckers bring opportunity and danger, saying "We are living well because of truckers" and truckers are loaded with "rands and STDs." They prefer to seek STI care in the private or traditional sectors.

There is a highly explicit sex industry in Messina, focusing primarily on truckers, soldiers and miners. However, there are also ill-defined and discrete forms of sex work, concealed behind many gradations of girlfriend relationships. The subtlety of

much sex work also emphasizes the need for workplace peer education to reach accessible, well-defined male groups.

STIs are generally seen by private and traditional practitioners in Messina. Tuberculosis is common, well-known and of great concern. The link between tuberculosis and HIV offers an important entry point for community AIDS dialogue.

Messina truckers are typically about 30 years of age and have been driving for 10 years. Most acknowledge seeking sex workers. They complain that Zimbabwe customs are so slow to clear goods that they are forced to seek sex workers to alleviate accommodation costs and loneliness. On average, they spend about 14-20 days away from home per month. No truckers travel with their wives, but many state that they have regular partners in all the countries they visit. Attitudes toward condom use vary, but are significantly more negative among South African drivers than among Zimbabwean or Zambian drivers. Truckers seldom use public health services, preferring private or traditional providers.

About 90 percent of informal traders in Messina are Zimbabwean. They bring Zimbabwean handicrafts to sell in South Africa and earn more than Zimbabwean nurses or teachers. They typically travel to South Africa three times per month, unless they have problems at the border. Some supplement their incomes by engaging in sex work at night, especially with truckers.

Few societies juxtapose poverty with as powerful and pervasive a consumer and media culture as South Africa's. Young South Africans' material aspirations lead many young women to seek older clients or partners. The involvement of young women in sexual relationships with older men, usually for overt or discrete financial gain, is striking. Schoolgirls openly solicit truckers and taxi drivers in and around Messina.

In summary, Messina is a town inhabited largely by low-income women, traversed by mobile men, including truckers, soldiers and miners, which creates an optimal context for HIV transmission.

Focus Group Guide

Introduction

Focus groups or group interviews are a useful addition to other ethnographic methods described above. Focus groups involve gathering a group of people to discuss an important problem thoroughly. A group leader guides the discussion, using a series of carefully chosen questions. Individual depth interviews tend to be preferable to focus groups for examining very personal, sensitive or complex issues and focus groups tend to be more suitable than depth interviews for producing ideas, examining group interaction and its effects, developing and testing educational materials and refining health services. However, the following brief comments and suggestions may be useful in conducting focus group-type assessments.

Suggestions

When carrying out assessments, focus groups may be conducted with many different groups, including sex workers, clients, truckers, soldiers, migrant workers, agricultural workers, mine/oil workers, traders and youth in and out of school.

It is usually easier if focus group participants are fairly similar in age, sex, education, socioeconomic background, occupation and fluency in the language used in the focus group, but this may be waived if a discussion among a broad cross-section of the community is desired.

It is usually important to be careful when mixing people of different status. In many places, especially among such groups as the uniformed services, health workers or teachers, it is difficult to speak freely among superiors.

The ideal group size is 8-10 people. This gives everybody a chance to talk and permits a sufficient range of contributors. The number should seldom be below six or above 12.

It is hard to give firm guidelines concerning the number of focus groups one should hold. However, a rough rule of thumb is to hold at least two focus groups with each specific group and to continue holding focus groups until no new information emerges.

Before holding a focus group, it is important to decide the objective of the focus group. For example, a focus group in the early stage of an intervention may be concerned primarily with the social and sexual context of HIV risk. A focus group held when an intervention is well established may examine participants' responses to intervention services and program adjustments needed. However, some themes are likely to be consistently important throughout a program. These include how to remove barriers to condom use and how to improve the accessibility, acceptability and uptake of STI services.

When the objective is clear, one prepares a question guide. This guide must not be too long or the focus group will be rushed and superficial. In general, about 10-12 questions are sufficient.

The group setting is important. It should be accessible, private, quiet and unthreatening. It should also be large enough to seat 8-12 people in a circle, because this makes it harder for anyone to dominate the discussion. The group leader should sit in the circle with everyone else and avoid standing in front of the group or doing anything else that suggests higher status.

The group leader then introduces the group leader and reporter, the purpose of the meeting, the other participants and the ground rules. Figure 5 presents a sample introduction.

Hereafter, the focus group stands or falls by the group leader. If group members are tense, s/he should first put them at ease with a relaxing manner and innocuous questions. S/he should not seem judgmental or domineering and should convey warmth, enthusiasm and interest. S/he must encourage everyone to participate and quietly control dominant participants.

When the focus group is over, the leader should invite concluding comments, thank the group members collectively, noting how helpful they have been and citing specific insights they have provided, then thank them individually and say goodbye.

The data are then analyzed and a report is written. To analyze the data, the following steps may be helpful:

- Re-read the objectives and make a table with the questions that address the objectives as separate headings.
- Record responses to each question in the table. Write down illustrative quotes word-for-word, using quotation marks.
- Read through all the responses and write a summary of the key points. Record or refer to important quotes in the summary.

Focus Group Questions

Introduction

Good morning/afternoon/evening. My name is _____ and I work for _____. We are studying ways of improving health and other services.

As part of our studies, we've asked you here to discuss the problems that communities face. Our discussion should last for about _____ minutes.

I will help guide the discussion and make sure everybody has a chance to speak. This is my friend _____. S/he will be making notes during the discussion so that we do not forget any of the points discussed. Although s/he will be recording the points raised, s/he will not write down any names, so whatever you say will be confidential.

Please remember, you are the experts and we are here to learn from you. Please don't tell us what you think we might want to hear. Tell us your views, whatever they are.

Before we go further, we should all introduce ourselves. Please tell us your name and where you live.

Now that we have introduced ourselves, let me explain the ground rules. They are very simple. Please don't interrupt anyone and try to give everyone a chance to speak. Are there other rules we would like to add?

Questions

- People face many different health problems. What are the greatest problems that different people here face?
- What different kinds of sexual activity take place here?
- Which kinds of sexual activity are most common?
- Which kinds of sexual activity are the most risky and why?
- Is there much commercial sex? What different kinds of commercial sex are there? Who are the sex workers and where do they work? Who are the clients and where do they work?
- Are there categories of men who are known to have many sexual partners? What categories are there? Who do they have sex with and why? Are some categories of men riskier than others and why?

- Are young people having sex? If so, at what age? Who are their partners? What are the reasons young people have sex? Are some kinds of sexual partnerships riskier for young people and why?
- What kinds of sexual relationships are contributing most to STI/HIV transmission at this site? Why?
- What do people do to protect themselves from STI/HIV infection? Is there anything else they would like to do, but can't always do? Why can't they always do it? Why is it that people sometimes protect themselves, but not always?
- What do people do if they get an STI? If they have any treatment, where do they go? How much do they pay for treatment? How are they treated? What would be the best places to provide STI care? How could one provide STI care for different groups such as sex workers, truckers and youth?
- Are condoms known to people? If so, where do they get them? How much do they pay for them? Where would be the best places for people to get condoms? What can we do to make condoms easier to get and to use?
- Do people use condoms with different categories of sexual partners? When people use condoms, what are the major reasons why they use them? When people do not use condoms, what are the major reasons why they do not use them? What are the greatest obstacles to condom use? What can be done to help people to use condoms regularly?
- What do people know about AIDS? How serious a problem do they think it is? Why do they think it is/isn't such a serious problem? Have their lives changed because of AIDS? If so, why and how. If not, why not?
- Would people like to have the opportunity to be tested for HIV? If so, where would they like to go? What help do people need to go for HIV testing? What can be done to make HIV testing as easy as possible?
- What should health workers do to educate people to avoid AIDS?

Illustrative Example

Introduction

A series of focus group discussions, complemented by other ethnographic approaches, was conducted among truckers and sex workers in Zimbabwe, yielding the following insights.

Community Perceptions

Truckers have unenviable reputations. Truckers complained that people were reluctant to let their daughters marry truckers and indeed, community members admitted that they discouraged their daughters from marrying truckers.

Trucking and Sex Work

Trucking and sex work are closely interwoven. In many towns, informal brothels are situated by drivers' hostels and women living in them say their clientele are predominantly drivers. Sex workers wait outside hostels, depots, bars and hotels patronized by drivers. Drivers prefer hotels frequented by prostitutes and hotel managers in small highway centers encourage the presence of sex workers to attract truckers. Sex workers like truckers as clients for several reasons. They say they are usually tired and undemanding. They also have cash from unauthorized passengers and informal smuggling. International drivers have foreign currency. Sex workers often exchange sex for free transport. In some highway stops, sex workers are the only source of accommodation. Provision of food and shelter are closely linked to sexual services. Drivers also say it is cheaper to sleep with a sex worker than to stay in a hotel.

Girlfriends

In addition to sex workers, many truckers have girlfriends in several places. Sometimes, a woman is the girlfriend of several truckers.

Truckers' Lives

Focus groups also offered insights into why trucking is linked to commercial sex. Drivers spoke movingly of the monotony and loneliness of their work, of the strain it imposes on marriage and family life, of interminable, hot days and long, dark evenings on highways, of spartan, drab hostels or truck cabins and of the "anti-community" environments of depots, road stops and hostels dominated by males. One spoke wearily of only hearing adult males voices. Notwithstanding boredom and loneliness, a climate of sexual bravado exists, with drivers saying it is impossible to refrain from sex.

Health Issues

Truckers report numerous health hazards besides AIDS, including malaria and cholera.

Many truckers kept their wives in rural homes because it is uneconomical to maintain family accommodations in town when they are away so much. Truckers believe their wives are also unfaithful.

Behavioral Surveys

Introduction

In areas where there have been no recent behavioral surveys, short behavioral surveys may be considered. Sample interviewer training guides and questionnaires are presented below. It is suggested that the surveys be conducted among women at high risk, such as sex workers, and men at high risk, such as truckers and miners, or men in high-risk settings such as bars. The surveys are not intended to be scientifically rigorous, but to provide a behavioral snapshot of a project site. If they are interpreted accordingly, they provide a useful complement to the other assessment methods. However, they are unnecessary if there are already adequate behavioral data.

Interviewer Training Guide

Day 1: Getting to Know the Questionnaire and Issues Behind It

The main goal of the first day is to provide interviewers with the background knowledge of the questionnaire. The first day should start by taking the trainees through the questionnaire, explaining the reason the questions were included and what we hope to learn from the interviewee. The trainer should provide trainees with enough background information so that interviewers feel confident. The main concepts, such as STIs, HIV, modes of transmission and prevention strategies, should be covered and, if necessary, interviewers should be provided with educational material. Interviewers should be taught about general questionnaire administration issues, such as establishing a rapport with a client and the need for standardization of questions.

Day 2: Role Playing

The main activity during the second day is role plays. In the role plays, one interviewer pretends to be an interviewee while another administers the questionnaire. Others watch and interrupt to point out mistakes and good qualities. After all interviewers have taken both roles, the exercise should be repeated with interviewers playing the part of a “difficult” interviewee. After each session, the strengths and weaknesses of the interviewer should be discussed in a group. During the role plays, interviewers should gain good knowledge of questionnaire administration. They should be able to handle clients who answer vaguely or not at all. They should also have good knowledge of filters and the ability to note multiple answer questions.

Day 3: Actual Interviews and Feedback

On day three, trainees are instructed to administer 10 questionnaires each to the people in their communities. They should also be instructed to take note of any problems and difficulties they encounter.

On the last afternoon, the group should discuss problems and difficulties encountered. The trainers should offer advice and guidance in such cases. The groups should also go through completed questionnaire papers to discuss clients’ answers and implications.

Health Survey for Women at High Risk

WE ARE DOING A SURVEY TO IMPROVE HEALTH SERVICES. SOME QUESTIONS MAY BE PERSONAL AND EMBARRASSING, BUT THEY ARE NECESSARY TO GET IMPORTANT INFORMATION. WE WILL **NOT** ASK YOU YOUR NAME, SO YOUR ANSWER WILL BE SECRET. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS IF YOU DO NOT WANT TO.

Are you willing to answer? [IF NOT STOP HERE] Please answer accurately.

NO#	Questions	Answers		
QUESTIONNAIRE IDENTIFICATION				
Q101	Interviewer's Name			
Q102	Date (day/month/year)			
Q103	Site			
Q104	Subject Number	[PLACE A STICKER OR NUMBER HERE]		
SUBJECT INFORMATION				
Q201	How old are you? [0 = DON'T KNOW]			
Q202	How many years of school have you completed?			
Q203	How many years have you stayed in this place [NAME THE PLACE]? [99 = SINCE BIRTH]			
Q204	In the last 12 months, have you lived outside this place [NAME THE PLACE] for one month or more?	YES 1	NO 2	NR 9
AIDS ISSUES				
Q301	Have you ever heard of AIDS?	YES 1	NO 2 Go to → Q401	NR 9 → 401
Q302	Is AIDS a fatal disease?	YES 1	NO 2	DK 3
Q303	Is there a cure for AIDS?	YES 1	NO 2	DK 3
Q304	Can a person get AIDS from having sexual intercourse?	YES 1	NO 2	DK 3
Q305	Can a person get AIDS by working next to a person with AIDS?	YES 1	NO 2	DK 3
Q306	Can an HIV-infected pregnant woman give AIDS to her unborn baby?	YES 1	NO 2	DK 3
Q307	Can a healthy looking person have AIDS?	YES 1	NO 2	DK 3

Q308	Do you think you can get AIDS?	YES 1	NO 2	DK 3
Q309	Is there anything you can do to avoid getting AIDS?	YES 1	NO 2	DK 3
Q310	Have you personally made any changes in your sexual behavior to avoid getting AIDS?	YES 1	NO 2 → 312	NR 9 → 312
Q311	When did you start making these sexual behavior changes? [RECORD IN MONTHS]			
Q312	Have you ever attended an AIDS education meeting held by peer educators in this place [NAME THE SITE]?	YES 1	NO 2 → 315	NR 9 → 315
Q313	How many AIDS education meetings held by peer educators have you attended in this place [NAME THE SITE] in the last three months?			
Q314 ⚠	Have you ever received any condoms in an AIDS education meeting in this place [NAME THE SITE]?	YES 1	NO 2	NR 9
Q315	Have you ever talked about AIDS with a peer educator in this place [NAME THE SITE]?	YES 1	NO 2 → 317	NR 9 → 317
Q316	How many times have you talked about AIDS with a peer educator in this place [NAME THE SITE] in the last three months?			
Q317 ⚠	Have you ever received any condoms from a peer educator in this place [NAME THE SITE]?	YES 1	NO 2	NR 9
SEXUAL RELATIONS AND CONDOM USE				
<i>Now I am going to ask you some personal questions about your sex life. Remember we do not know your name, so your answers are completely secret. Please answer accurately.</i>				
Q401 ⚠	Do you know what a condom is? [USE LOCAL TERM FOR A CONDOM]	YES 1	NO 2	NR 9
		SKIP CONDOM QUESTIONS		
Q402 ⚠	Do you know any places or people where you can obtain condoms?	YES 1	NO 2	NR 9
Q403 ⚠	Have you ever used a condom?	YES 1	NO 2	NR 9
		SKIP CONDOM QUESTIONS		
Q404 ⚠	What is the main reason why you use condoms? [DO NOT READ OUT THE ANSWERS]	1. To avoid pregnancy 2. To avoid giving a disease 3. To avoid getting a disease 4. Pressure from partner 5. Other _____ 9. No response		

Q405 ⚠	Are there any other reasons why you use condoms? [PROBE FOR MORE ANSWERS]	1. To avoid pregnancy 2. To avoid giving a disease 3. To avoid getting a disease 4. Pressure from partner 5. Other _____ 9. No response		
Q406	Are you married?	YES 1	NO 2 →409	NR 9 →409
Q407 ⚠	In the past three months, how often did you use a condom with your husband?	1. Never (→409) 2. Sometimes 3. Always 9. No response		
Q408 ⚠	The last time you had sexual intercourse with your husband, did you use a condom?	YES 1	NO 2	NR 9
Q409	In the past three months, how many men have you had sexual intercourse with? [PROBE FOR A NUMBER]			
Q410	In the past three months, have you had a steady boyfriend? By steady boyfriend I mean someone: <ul style="list-style-type: none"> • who is not your husband • whom you have been seeing regularly for at least a month • who is not paying for sexual intercourse 	YES 1	NO 2 →414	NR 9 →414
Q411	How many steady boyfriends have you had sexual intercourse with in the past three months? [PROBE FOR A NUMBER]			
Q412 ⚠	In the past three months, how often did you use a condom with a steady boyfriend? [IF VAGUE ASK: Was there a time when you haven't used a condom?]?	1. Never (→414) 2. Sometimes 3. Always 9. No response		
Q413 ⚠	The last time you had sexual intercourse with a steady boyfriend, did you use a condom?	YES 1	NO 2	NR 9
Q414	In the past three months, have you had a casual sex partner? By casual partner I mean someone you have had sexual intercourse with a few times without being paid.	YES 1	NO 2 → 418	NR 9 → 418
Q415	How many casual partners have you had sexual intercourse with in the past three months? [PROBE FOR A NUMBER]			

Q416 ⓘ	In the past three months, how often did you use a condom when you had sexual intercourse with casual sex partners? [IF VAGUE ASK: Was there a time when you haven't used a condom?]?	1. Never (→418) 2. Sometimes 3. Always 9. No response		
Q417 ⓘ	The last time you had sexual intercourse with a casual sex partner, did you use a condom?	YES 1	NO 2	NR 9
Q418	During the last week, how many regular paying clients did you have sexual intercourse with? [PROBE FOR A NUMBER]			
Q419 ⓘ	During the last week, how often did you use a condom when you had sexual intercourse with a regular paying client? [IF VAGUE ASK: Was there a time when you haven't used a condom?]?	1. Never (→421) 2. Sometimes 3. Always 9. No response		
Q420 ⓘ	The last time you had sexual intercourse with a regular paying client, did you use a condom?	YES 1	NO 2	NR 9
Q421	During the last week how many one-time paying clients have you had sexual intercourse with? [PROBE FOR A NUMBER]			
Q422 ⓘ	During the last week, how often did you use a condom when you had sexual intercourse with a one-time paying client?	1. Never (→424) 2. Sometimes 3. Always 9. No response		
Q423 ⓘ	The last time you had sexual intercourse with a one-time paying client, did you use a condom?	YES 1	NO 2	NR 9
Q424	In the past three months, have you traveled outside this place? [NAME THE PLACE]	YES 1	NO 2 →501	NR 9 →501
Q425	During your travel have you had sexual intercourse with anyone other than your husband or boyfriend?	YES 1	NO 2	NR 9
STI AND HEALTH ISSUES				
Q501	Some women have a smelly discharge from the vagina or experience abdominal pain. During the past six months, have you experienced any such discharge or pain?	YES 1	NO 2	NR 9
Q502	Some women have sores in the genital area. During the last six months, have you had any such sores?	YES 1	NO 2	NR 9
FILTER: IF THE ANSWER TO EITHER 501 OR 502 IS YES → 506				

Q503	Would you consider the symptoms I have just described (discharge, sores) to be a sign of an illness?	YES 1	NO 2	DK 8
Q504	If you had any of the symptoms I described what would you do? [DO NOT READ OUT THE ANSWERS]	1. Go to a clinic or hospital 2. Buy drugs from a shop/market 3. Go to a traditional healer 4. Seek help from a friend or relative 5. Wait/do nothing 6. Other _____ 9. No response		
Q505	Do you think that the symptoms I described can be passed on to your spouse or sexual partner(s)?	YES 1	NO 2	DK 8
THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU FOR YOUR COOPERATION!				
Q506	Did you consider the symptoms you had to be a sign of an illness?	YES 1	NO 2	DK 8
Q507	What, if anything, did you do about the symptoms you had? [DO NOT READ OUT THE ANSWERS]	1. Go to a clinic or hospital 2. Buy drugs from a shop/market 3. Go to a traditional healer 4. Seek help from a friend or relative 5. Wait/do nothing 6. Other _____ 9. No response		
Q508	Do you think that the symptoms you had could be passed on to your spouse or sexual partner(s)?	YES 1	NO 2	DK 8
THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU FOR YOUR COOPERATION!				

DK = Don't Know

NR = No Response

⚭ = Condom question

Health Survey for Men at High Risk

WE ARE DOING A SURVEY TO IMPROVE HEALTH SERVICES. SOME QUESTIONS MAY BE PERSONAL AND EMBARRASSING, BUT THEY ARE NECESSARY TO GET IMPORTANT INFORMATION. WE WILL **NOT** ASK YOUR NAME, SO YOUR ANSWER WILL BE SECRET. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS IF YOU DO NOT WANT TO.

Are you willing to answer? [IF NOT STOP HERE] Please answer accurately.

NO#	Questions	Answers		
QUESTIONNAIRE IDENTIFICATION				
Q101	Interviewer's Name			
Q102	Date (day/month/year)			
Q103	Site			
Q104	Subject Number	[PLACE A STICKER OR NUMBER HERE]		
SUBJECT INFORMATION				
Q201	How old are you? [0 = DON'T KNOW]			
Q202	How many years of school have you completed?			
Q203	How many years have you stayed in this place [NAME THE PLACE]? [99 = SINCE BIRTH]			
Q204	In the last 12 months, have you lived outside this place [NAME THE PLACE] for one month or more?	YES 1	NO 2	NR 9
AIDS ISSUES				
Q301	Have you ever heard of AIDS?	YES 1	NO 2 Go to → Q401	NR 9 → 401
Q302	Is AIDS a fatal disease?	YES 1	NO 2	DK 8
Q303	Is there a cure for AIDS?	YES 1	NO 2	DK 8
Q304	Can a person get AIDS from having sexual intercourse?	YES 1	NO 2	DK 8
Q305	Can a person get AIDS by working next to a person with AIDS?	YES 1	NO 2	DK 8
Q306	Can an HIV-infected pregnant woman give AIDS to her unborn baby?	YES 1	NO 2	DK 8
Q307	Can a healthy looking person have AIDS?	YES 1	NO 2	DK 8

Q308	Do you think you can get AIDS?	YES 1	NO 2	DK 8
Q309	Is there anything you can do to avoid getting AIDS?	YES 1	NO 2	DK 8
Q310	Have you personally made any changes in your sexual behavior to avoid getting AIDS?	YES 1	NO 2 → 312	NR 9 → 312
Q311	When did you start making these sexual behavior changes? [RECORD IN MONTHS]			
Q312	Have you ever attended an AIDS education meeting held by peer educators in this place [NAME THE SITE]?	YES 1	NO 2 → 315	NR 9 → 315
Q313	How many AIDS education meetings held by peer educators have you attended in this place [NAME THE SITE] in the last three months?			
Q314 ⚠	Have you ever received any condoms in an AIDS education meeting in this place [NAME THE SITE]?	YES 1	NO 2	NR 9
Q315	Have you ever talked about AIDS with a peer educator in this place? [NAME THE SITE]	YES 1	NO 2 → 317	NR 9 → 317
Q316	How many times have you talked about AIDS with a peer educator in this place [NAME THE SITE] in the last three months?			
Q317 ⚠	Have you ever received any condoms from a peer educator in this place? [NAME THE SITE]?	YES 1	NO 2	NR 9
SEXUAL RELATIONS AND CONDOM USE				
<i>Now I am going to ask you some personal questions about your sex life. Remember we do not know your name, so your answers are completely secret. Please answer accurately.</i>				
Q401 ⚠	Do you know what a condom is? [USE LOCAL TERM FOR A CONDOM]	YES 1	NO 2	NR 9
SKIP CONDOM QUESTIONS				
Q402 ⚠	Do you know any places or people where you can obtain condoms?	YES 1	NO 2	NR 9
Q403 ⚠	Have you ever used a condom?	YES 1	NO 2	NR 9
SKIP CONDOM QUESTIONS				
Q404 ⚠	What is the main reason why you use condoms? [DO NOT READ OUT THE ANSWERS]	6. To avoid pregnancy 7. To avoid giving a disease 8. To avoid getting a disease 9. Pressure from partner 10. Other _____ 9. No response		

Q405 ⚠	Are there any other reasons why you use condoms? [PROBE FOR MORE ANSWERS]	6. To avoid pregnancy 7. To avoid giving a disease 8. To avoid getting a disease 9. Pressure from partner 10. Other _____ 9. No response		
Q406	Are you married?	YES 1	NO 2 →409	NR 9 →409
Q407 ⚠	In the past three months, how often did you use a condom with your wife or wives? [IF VAGUE ASK: Was there a time when you haven't used a condom?]	1. Never (→409) 2. Sometimes 3. Always 9. No response		
Q408 ⚠	The last time you had sexual intercourse with your wife, did you use a condom?	YES 1	NO 2	NR 9
Q409	In the past three months, how many women have you had sexual intercourse with? [PROBE FOR A NUMBER]			
Q410	In the past three months, have you had a steady girlfriend? By steady girlfriend I mean someone: <ul style="list-style-type: none"> • who is not your wife • who is not asking you to pay each time for sexual intercourse • whom you have been seeing regularly for at least a month 	YES 1	NO 2 →414	NR 9 →414
Q411	How many steady girlfriends have you had sexual intercourse with in the past three months? [PROBE FOR A NUMBER]			
Q412 ⚠	In the past three months, how often did you use a condom with a steady girlfriend? [IF VAGUE ASK: Was there a time when you haven't used a condom?]	4. Never (→414) 5. Sometimes 6. Always 9. No response		
Q413 ⚠	The last time you had sexual intercourse with a steady girlfriend, did you use a condom?	YES 1	NO 2	NR 9
Q414	In the past three months, have you had a casual sex partner? By casual partner I mean someone you have had sexual intercourse with a few times without paying.	YES 1	NO 2 → 418	NR 9 → 418
Q415	How many casual partners have you had sexual intercourse with in the past three months? [PROBE FOR A NUMBER]			

Q416 ⚠	In the past three months, how often did you use a condom when you had sexual intercourse with casual sex partners? [IF VAGUE ASK: Was there a time when you haven't used a condom?]	4. Never (→418) 5. Sometimes 6. Always 9. No response		
Q417 ⚠	The last time you had sexual intercourse with a casual sex partner, did you use a condom?	YES 1	NO 2	NR 9
Q418	Have you ever had sexual intercourse with a sex worker? By sex worker I mean someone who regularly receives money in exchange for sex.	YES 1	NO 2 → 422	NR 9 → 422
Q419	How many times have you had sexual intercourse with a sex worker in the past three months? [PROBE FOR A NUMBER]			
Q420 ⚠	In the past three months, how often did you use a condom when you had sexual intercourse with a sex worker [IF VAGUE ASK: Was there a time when you haven't used a condom?]?	1. Never (→422) 2. Sometimes 3. Always 9. No response		
Q421 ⚠	The last time you had sexual intercourse with a sex worker, did you use a condom?	YES 1	NO 2	NR 9
Q422	In the past three months, have you traveled outside this place [NAME THE PLACE]?	YES 1	NO 2 →501	NR 9 →501
Q423	During your travel have you had sexual intercourse with anyone other than your wife or girlfriend?	YES 1	NO 2	NR 9

STI AND HEALTH ISSUES				
Q501	Some men experience pain during urination or have an unusual discharge from the penis. During the last six months have you experienced any such pain or discharge?	YES 1	NO 2	NR 9
Q502	Some men have sores in the genital area. During the last six months, have you had any such sores?	YES 1	NO 2	NR 9
FILTER: IF ANSWER TO EITHER 501 OR 502 IS YES → 506				
Q503	Would you consider the symptoms I have just described (discharge, sores) to be a sign of an illness?	YES 1	NO 2	DK 8
Q504	If you had any of the symptoms I described what would you do? [DO NOT READ OUT THE ANSWERS]	7. Go to a clinic or hospital 8. Buy drugs from a shop/market 9. Go to a traditional healer 10. Seek help from a friend or relative 11. Wait/do nothing 12. Other _____ 9. No response		
Q505	Do you think that the symptoms I described can be passed on to your spouse(s) or sexual partner(s)?	YES 1	NO 2	DK 8
THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU FOR YOUR COOPERATION!				
Q506	Did you consider the symptoms you had to be a sign of an illness?	YES 1	NO 2	DK 8
Q507	What, if anything, did you do about the symptoms you had? [DO NOT READ OUT THE ANSWERS]	7. Go to a clinic or hospital 8. Buy drugs from a shop/market 9. Go to a traditional healer 10. Seek help from a friend or relative 11. Wait/do nothing 12. Other _____ 9. No response		
Q508	Do you think that the symptoms you had could be passed on to your spouse or sexual partners?	YES 1	NO 2	DK 8
THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU FOR YOUR COOPERATION!				

DK = Don't Know

NR = No Response

♂ = Condom question